

have it from disease of the duodenum, or of the head of the pancreas, or from the pressure of aneurismal tumours in the vicinity. Abscess of the liver is generally accompanied by symptoms of inflammation of that organ, but distention of the gall-bladder does not present any corresponding train of phenomena. There may be some exceptions to this rule, but in making the diagnosis, we must strike a balance of probabilities. The first part of our diagnosis then is this—the occurrence of a tumour in the hypochondriac region, not preceded or accompanied by any of the symptoms which characterize hepatic inflammation. Another important diagnostic, and which I think will apply in several cases, is this. In a case where abscess has formed in the liver, the fluctuation, which is a sign of the existence of fluid, is often preceded by a condition of the part in which there is no sign of the presence of fluid; we have first induration and swelling, and then the signs of fluctuation; but this is not the order of succession in the phenomena which characterize distention of the gall-bladder. In abscess we have a hard tumour which gradually softens; in case of distended gall-bladder, we have the tumour soft and fluctuating from the commencement. If then we have a tumour in the hypochondriac region, not preceded or accompanied by symptoms of hepatic inflammation, accompanied by jaundice, with a sense of fluctuation from the beginning, and unattended by hectic, the chances are indeed very great that it is not an hepatic abscess, but a distended gall-bladder.

You will perhaps be surprised, that in treating of the diagnosis of distended gall-bladder, I do not lay any particular stress upon position. The reason of this is that the situations in which a distended gall-bladder may be felt are extremely various. First, we may have it appearing in different parts of the hypochondrium, under the cartilages of the ribs. In the next place, we may have it between the cartilages of the ribs and the spine of the ileum. It has been observed by Andral in the iliac fossa, and he has seen it in the epigastric region. In a case which occurred in the Meath Hospital, it presented itself in the epigastrium, a little to the right of the mesial line. Again, in severe cases you may have the whole of the liver filled with bile, and having a distinct fluctuating feel, not produced by the existence of pus in that organ, but from the enlargements of its ducts, which are gorged with bile. In one case mentioned in the Medico-Chirurgical Transactions, this curious circumstance occurred. So far, then, as diagnosis is concerned, position appears to be of very little consequence; but when we have this, in addition to the other circumstances mentioned, it will tend to give additional certainty to our diagnosis. In all cases on record where there was distended gall-bladder, the patient laboured under jaundice, except in that which I have detailed in the early part of this lecture, but perhaps if our patient had lived longer, he would also have had jaundice.—*Ibid.*

19. *Chronic Hepatitis.* By WILLIAM STOKES, M. D.—You will find a full description of the symptoms of this disease in almost every book on the practice of medicine, and it is unnecessary for me to detain you with details of this kind. If we are to judge from British practice, chronic hepatitis is a very common disease, and if we look to the practice, it is an affection under which half the community labour. I believe, indeed, that the chronic form of this disease is much more frequently observed in this country than the acute, but still I think it is any thing but a disease of universal prevalence.

I shall not, as I said before, take up your time in stating what you will find in any medical work; I shall merely mention, that in chronic hepatitis we have generally derangement of the bowels, chiefly affecting the stomach and upper part of the digestive tube, and in addition to this, we have more or less pain, tenderness, and swelling in the region of the liver, and often dulness of sound over the lower part of the right side. When we meet with this train of phenomena, we say that the patient has the symptoms of chronic hepatitis. But no one under such circumstances could undertake to say whether the patient

will die of hypertrophy or atrophy, of cancer or hydatids, of tubercles, or of fatty discharge, or of any peculiar disease of the liver. There is another point, too, of which I am anxious you should be aware. Chronic hepatitis is a disease which has been, and is frequently confounded with various other affections,—with scirrhous of the pylorus, with chronic disease of the duodenum, with chronic disease of the pleura, and empyema of the right side. There is one circumstance which you should bear in mind when you are in doubt with respect to a chronic hepatitis, that one, two, or three of these affections may occur in connexion with chronic inflammation of the liver. For instance, a patient labouring under chronic hepatitis may have also at the same time empyema and disease of the duodenum. I believe the subject of disease produced, as it is said, by contiguity in separate organs, has not as yet been sufficiently investigated, and that our knowledge on this important point is extremely scanty.—*Ibid, April 19th, 1834.*

20. *Results of a Series of Experiments in Revaccination, performed in the Royal Army of Würtemberg.* By Dr. Heim.—The question of the utility of revaccination is now attracting especial attention in Europe, and the materials for settling it are accumulating. In our number for August last, p. 474, et seq. we presented the result of the revaccination of the Prussian army, and also of the experiments of Dr. Lurot of the Canton Bischwiller, and we shall now offer a condensed summary of the principal statistical and pathological facts collected by Dr. Heim, of Ludwigsburg, Physician to the late Queen of Würtemberg, who has been officially nominated by the government of that country to superintend the revaccination of the Würtemberg army. We derive this summary from a paper read to the College of Physicians of London by Dr. G. Gregory, and published in the *London Medical Gazette* of July 12th, 1834.

Prior to the year 1829, it was the custom of the Würtemberg service to vaccinate all recruits who had neither undergone small-pox nor been vaccinated in early life. A variolous epidemic, which showed itself at Stuttgart in 1829, occasioned the issue of a ministerial order, dated March 26th, 1829, directing that henceforward all recruits should be subjected to vaccination who could not show satisfactory cicatrices either of small-pox or of the vaccine. In the autumn of 1832, small-pox broke out in the garrison town of Ulm; and, again, a third epidemic occurred at Ludwigsburg in 1833. These repeated visitations of small-pox in the Würtemberg territories occasioned the issue of another order, dated February 7th, 1833, directing indiscriminate revaccination of all recruits, without reference to vaccine cicatrices. Directions were further given for revaccinating every individual of the two garrisons of Ulm and Ludwigsburg, of whatever age or standing in the army—those being the towns in which the variolous epidemic had displayed itself in the greatest force.

The general results of these very extended trials are given by Dr. Heim in two tables.

Table No. I. gives a general survey of the success attending the revaccination of the entire garrison of Ludwigsburg during the summer of 1833. The garrison consisted of a regiment of artillery, a regiment of infantry, and two regiments of cavalry: total, 1683. Of these there were revaccinated, with the best success, 577, (one-third of the whole)—with modified or partial success, 366—without success, 740. Nearly the whole of the subjects of these experiments were, as might be expected, adults, between 20 and 30 years of age, and of course the greater portion of them had been vaccinated in infancy. 144 only were above or under the ages now specified.

Of the 577 men revaccinated as above stated, with the best success, 293, (more than one-half,) had perfect cicatrices. On the other hand, out of the 740 revaccinated *without effect*, 222 had imperfect scars, and 156 retained no mark whatever of their first but effective vaccination.

Table No. II. presents a general summary of the results of the revaccination